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September 11, 2023

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The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Submitted electronically at <https://www.regulations.gov/>

**Re: File Code CMS-1784-P. Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program**

Dear Administrator Brooks-LaSure:

The Association of Community Cancer Centers (ACCC) appreciates the opportunity to offer comments to the Centers for Medicare and Medicaid Services (CMS) on the calendar year (CY) 2024 Physician Fee Schedule (PFS) and Other Changes to Part B Payment and Coverage Policies proposed rule, published in the Federal Register on Monday, August 7, 2023 (88 Fed. Reg. 52262). ACCC is the leading education and advocacy organization for the multidisciplinary cancer care community including physicians, nurses, social workers, pharmacists, researchers, hospital executives, administrators, financial navigators, and other oncology team members who care for millions of patients and families fighting cancer. ACCC represents more than 34,000 cancer care professionals from over 1,700 private practices, hospital-based cancer programs, large healthcare systems, and major academic centers across the country, as well as members from 23 managed oncology state societies.

ACCC respectfully offers the following comments to CMS in response to the CY 2024 PFS proposed rule. In summary, we recommend that CMS:

- Reconsider the payment cuts proposed for certain oncology services and work with Congress to avoid the need to implement any such payment reductions;
- Finalize the proposed extension of telehealth flexibilities through December 31, 2024, and, furthermore, make these flexibilities available beyond 2024;
- Finalize its proposal to create a new code for community health integration services;
- Finalize its proposal to create a new code for assessments relating to social determinants of health (SDOH);

- Finalize its proposal to create a new code for principal illness navigation (PIN) services;
- Finalize its proposal to create a new code for caregiver training services; and
- Finalize its proposal to expand Medicare Part A and B coverage to include dental services that are inextricably linked to certain covered services.

### **Physician Fee Schedule**

#### ***Conversion Factor and Oncology Impact***

As an overarching preface to our comments, ACCC would like to emphasize our concern with the CY 2024 PFS conversion factor (CF), which CMS estimates to be \$32.7476.<sup>1</sup> When compared to the CY 2023 CF of \$33.8872, the proposed 2024 CF represents a decrease of 3.36%.

The proposed rule includes a range of proposed payment changes, including payment cuts to many specialties. ACCC would like to express our serious concern about the negative payment cuts on the services of radiation oncologists and radiation therapy centers, with an estimated combined impact of -2% on total allowed charges.<sup>2</sup>

Oncology programs and practices across the country have had to contend with considerable financial pressures, including significant increases in the cost of clinical labor and supplies during the COVID-19 pandemic. Furthermore, management of the ongoing drug shortages has required the expenditure of significant additional staff time. These proposed cuts, if implemented, could have a very negative impact on the ability of oncologists and oncology practices to continue to provide high-quality cancer care services to patients with cancer. We fear that the proposed reimbursement cuts to certain oncology care providers will be unsustainable for cancer programs and practices in the current economic environment.

**We therefore strongly encourage CMS to work with Congress to achieve payment stability for oncology services and avert these significant pending cuts to reimbursement in 2024 to protect Medicare beneficiary access to high-quality cancer care.**

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#### ***Payment for Medicare Telehealth Services***

**CMS proposal (88 Fed. Reg. 52286):** The proposed rule has extended Medicare payment for certain telehealth services through December 31, 2024, and CMS has asked for comment on the possibility of a further extension in some cases.

**ACCC comment:** ACCC strongly supports the flexibility and enhanced access to care for patients made possible through telehealth, supports this extension through at least the end of 2024, and requests that CMS consider extending this flexibility beyond 2024. The ability to receive and provide healthcare services via telehealth has promoted equitable access to healthcare services for many patients and providers, including those in rural areas. ACCC also asks that CMS clarify that providers can continue to

<sup>1</sup> 88 Fed. Reg. 52679 (August 7, 2023).

<sup>2</sup> 88 Fed. Reg. 52680-52681, Table 104 (August 7, 2023).

provide telehealth services from their homes, as long as they provide their home address on their Medicare enrollment after December 31, 2023. Recent guidance indicates that physicians' ability to provide telehealth services from their home without reporting their home address on their Medicare enrollment ends on December 31, 2023,<sup>3</sup> but didn't clarify whether the services could continue to be provided from the provider's home if the address is appropriately reported. This flexibility can help providers serve patients without needing to travel to their offices.

### ***Introduction of New Payment Codes for Critical Services***

CMS is proposing several new codes, detailed below, to improve payment accuracy for additional time and resources dedicated to helping patients with serious illnesses as they navigate the healthcare system and to help remove or improve health-related social barriers. ACCC supports these important changes.

**CMS proposal (88 Fed. Reg. 52326):** CMS is proposing separate coding and payment for community health integration (CHI) services, which would include person-centered planning, practitioner, home, and community-based coordination, health education, building patient self-advocacy skills, facilitating behavioral change, and facilitating and providing social and emotional support to better meet diagnosis and treatment goals. CHI services are to be performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner.

**ACCC comment:** ACCC supports this new code and payment for these important services.

**CMS proposal (88 Fed. Reg. 52330):** Social determinants of health (SDOH) include many factors: economic stability, education access and quality, healthcare access and quality, neighborhood and building environment, and social and community context (factors such as housing, food, nutrition access, and transportation needs).

CMS is proposing a code to identify and value the work involved in administering a SDOH risk assessment as part of a comprehensive social history in relation to an E/M visit and proposes that it be furnished on the same date as the E/M visit.

**ACCC comment:** ACCC strongly supports this proposal as these assessments will help promote equitable access to health care services, including but not limited to cancer care services.

**CMS proposal (88 Fed. Reg. 52331):** Navigation, in the healthcare context, refers to providing individualized help to patients so that they may identify appropriate practitioners and providers for care needs and access necessary care in a timely fashion, especially when the landscape is complex and delaying care can be harmful or deadly. Navigation services can be especially important for patients diagnosed with cancer or other severe, debilitating illnesses. CMS is proposing payment for Principal Illness Navigation (PIN) services to help patients navigate treatment for serious illnesses such as cancer. They would be provided following an initiating E/M visit addressing a serious high-risk condition, illness, or disease and would be provided by certified or trained auxiliary personnel under the direction of a physician or other practitioner, 60 minutes/month. These include person-centered assessments, identifying or referring the patient (and caregiver or family if applicable) to appropriate supportive services, practitioner, home, and community-based care coordination, health education, building patient self-advocacy skills, health care access and health system navigation, including providing the patient with information and resources to consider participation in clinical trials or clinical research as applicable, and other activities.

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<sup>3</sup> CMS. Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19. July 20, 2023. [www.cms.gov](http://www.cms.gov). Accessed September 5, 2023.

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organization for the cancer care community



**ACCC comment:** ACCC applauds the proposal to reimburse for PIN services, which are an evidence-based solution to addressing quality cancer care delivery. ACCC would also like to propose a roundtable of expert stakeholders to identify and clarify qualifying navigation certifications and standard navigation metrics.

**CMS proposal (88 Fed. Reg. 52322)** CMS is proposing to pay for certain caregiver training services in specified circumstances, so that practitioners are appropriately paid for engaging with caregivers to support people with Medicare in carrying out their treatment plans. CMS broadly defines caregivers as a family member, friend, or neighbor who provides unpaid assistance to a person with a chronic illness or disabling condition.

**ACCC comment:** ACCC appreciates and supports this recognition of the important role informal caregivers play in patient care, as well as the time providers devote to training those who provide such care. ACCC strongly supports the reimbursement for provider caregiver training services.

***Payment for Dental Services Inextricably Linked to Covered Services***

**CMS proposal (88 Fed. Reg. 52371):** CMS is also proposing to permit payment for certain dental services that are inextricably linked to, and substantially related and integral to, the clinical success of other covered services. This could enable reimbursement for certain dental services prior to and during several different cancer treatments, including, but not limited to, certain chemotherapy therapies.

**ACCC comment:** ACCC strongly supports reimbursement for these important services provided to certain patients with cancer.

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Thank you for this opportunity to share the oncology care provider perspective on the CY 2024 PFS proposed rule. As the association representing the multidisciplinary cancer care team, ACCC is uniquely suited to participate in this dialogue with CMS in its efforts to maintain a stable and equitable Medicare payment system. If you have any questions on our comments, please feel free to contact Nicole Tapay, Director of Cancer Care Delivery & Health Policy, at [ntapay@accc-cancer.org](mailto:ntapay@accc-cancer.org) or (640) 250-0398.

Respectfully Submitted,

A handwritten signature in black ink that reads "Christian G. Downs". The signature is written in a cursive, slightly slanted style.

Christian Downs, JD, MHA  
Executive Director  
Association of Community Cancer Centers (ACCC)